



Financial Agreement

Please initial each agreement and sign at the bottom:

Insurance Billing Agreement

As a courtesy, Advanced Body Solutions, Inc. may bill your insurance company when the following requirements have been met at least **two business days prior** to your next appointment: your health insurance cards are on file at our office, the insurance plan is accepted and massage therapy benefits are verified by our office, our latest Financial Agreement has been signed by you our office and a **current treatment plan is on file**. This treatment plan may be prescribed by a provider such as an ANP, MD, DC, or DO (but not a PT or MA) and must have a pertinent diagnosis code, a duration and frequency of treatment, the type of therapy, the site name specified as Advanced Body Solutions and be signed and recently dated by the prescribing provider. It is not possible for our office to bill your insurance carrier without this information. Please note that your health insurance plan may impose additional massage therapy billing requirements. Eligibility and benefit information quoted by our office is not a guarantee of payment by your health insurance plan.

Contracted Insurance Carriers:

Insurance carriers our office currently holds a contract with are: Aetna (EBMS, ASEA, Meritain, Alaska Teamsters), Blue Cross Blue Shield (Premera, Federal Employee Program) and TriWest.

Insurance Carriers NOT Accepted:

Unfortunately at this time we cannot submit claims to: Medicare, Medicaid, Tricare, GEHA and any other health insurance plans that exclude massage therapy benefits. We apologize for any inconvenience this may cause. A "superbill" (itemized receipt) can be prepared upon your request.

Insurance Carriers NOT Contracted:

Advanced Body Solutions, Inc. may bill but does not hold a formal contract with the following insurance carriers: United Healthcare, Moda Health and UMR. Claims billed by our office to these insurance carriers may process as out-of-network. Contact your insurance carrier with any coverage questions.

Patient Responsibility Agreement

Any estimated costs including copays, coinsurances and/or deductibles are to be paid by the patient at the time services are rendered. It is your responsibility to keep track of your maximum yearly visit limits, medical necessity requirements and other guidelines set forth by your insurance plan. Any claims unpaid due to denials from (but not limited to) incomplete accident questionnaires, coordination of benefit inquiries or other information requested of the member by the insurance company will ultimately be the responsibility of the patient. If a balance arises on your account, you are responsible for the full payment of this balance within 30 days of receiving a statement from our office. If your account is 90 days or greater past due, or if your account balance exceeds \$500 with no significant effort to meet your obligation, we reserve the option to dismiss you from our clinic and send your account to a collection agency.

Self Pay Agreement

Payment is due at the time that services are rendered. Advanced Body Solutions, Inc. utilizes a discount taken at time of service for our self pay patients. Visits must be paid in full at the time of service for this discount to apply. An itemization of charges may be supplied for your records at your request.

Cancellation Policy Agreement

If you need to cancel or reschedule an appointment, it is your responsibility to inform our office as quickly as possible so that we can offer the time to another client. While our clinic offers appointment reminders as a courtesy, it is up to you, the patient, to meet our Cancellation Policy requirements as stated below in order to avoid any late cancellation charges, no-show fees or disruptions of scheduled treatments.

If you need to cancel or reschedule an appointment, please call the Advanced Body Solutions Front Desk Staff at 907-277-5525 by 12 PM AKST the preceding business day (it is acceptable to leave a voice message). Appointments canceled by the patient after 12 PM the preceding business day are considered a "late cancellation" and are subject to a recoupment charge equal to \$100.00. If you do not arrive at your appointment by 15 minutes after the scheduled start time and have not called our Front Desk Staff to notify us of cancellation prior to your appointment start time, the appointment will be canceled by our office and considered a "no-show." Each appointment no-show is subject to a fee equal to 100% of the visit's total expected charge, up to \$220.00.

Any cancellation charges or no-show fees are not reimbursable by a third party payer (such as a healthcare insurance company) and must be paid one business day prior to your next visit in order for any future appointments to be honored. If more than three (3) "no-shows" are recorded on your account within a 12 month period, we reserve the option to cease providing services for you.

Advanced Body Solutions, Inc. recognizes that emergencies occur. If extended notice is not possible due to extenuating circumstances, exceptions to the Cancellation Policy will be determined by the Office Management Team.

Patient / Guardian Signature: _____ Date: _____